

The Problem of Ringworm in Northern Ireland

(A survey of data collected during the period May, 1949, to July, 1951)

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A Report to the Northern Ireland Hospitals Authority, May 1952

GENERAL INTRODUCTION.

TOWARDS the end of 1948 the staff of the Skin Clinic at the Royal Belfast Hospital for Sick Children was confronted with the problem of dealing with ringworm patients in large numbers. An outbreak in Newtownards had been discovered earlier in the year, and the number of affected children was reaching epidemic proportions. At the same time, the number of Belfast children attending the clinic for treatment of the same condition, though not always due to the same organism, had been increasing dramatically since the inception of the Health Service the previous June. It was clear that, unless special measures were taken, the ringworm patients would dominate the clinic sessions and little or no other dermatological work would be possible.

There were two possible ways of dealing with the problem, and each had its advocates. One was to tackle it as part of the existing routine in the hope that time would cure many, and eventually, possibly after some years, the incidence would decline to "normal endemic level." The other way was to attack the disease with the utmost vigour, with a view to eradicating the epidemic varieties of ringworm from the community. The latter was the method chosen, and, in the autumn of 1951, it was possible to say that the problem had been solved.

The Newtownards outbreak was considered to present an urgent problem since a rough estimate, based on general practitioners' opinions, indicated that possibly some four hundred children were infected. The highly technical procedures of diagnosis and treatment demanded centralisation, and this was carried out at the Royal Belfast Hospital for Sick Children since it was planned to use the same organisation and equipment to deal with the more insidious problem of infection in Belfast after the end of the Newtownards outbreak. Most of the Newtownards patients had been treated by April, 1949, and, in the following month, intensified action was taken to detect all infected children in Belfast. This work progressed steadily until June, 1950, when a "reservoir" of over one hundred infected children was discovered in a residential school in the city. This school had been sending

out infected children into the general population and was, more than any other single factor, probably responsible for the continued stream of new patients from some districts in the city.

The special Ringworm Clinic at the Royal Belfast Hospital for Sick Children was started in May, 1949, and closed in July, 1951. This survey is an attempt to present and consider the facts and figures obtained during this period. The survey would be incomplete without mention of the data from the other skin clinics in the Province, and we have consequently collected all particulars about ringworm patients seen at them during the same period.

TABLE I.
Particulars of Skin Clinics in Northern Ireland,
May, 1949-July, 1951.

HOSPITAL.	NUMBER OF PATIENTS SEEN.	
	All Skin Disease.	Ringworm.
Royal Belfast Hospital for Sick Children - - -	3,114 ...	726 (23.3)
Royal Victoria Hospital, Belfast - - -	12,096 ...	238 (2.0)
Belfast City Hospital (In-patients only) - - -	895 ...	37 (4.1)
Ards Hospital, Newtownards - - -	1,049 ...	23 (2.2)
Downe Hospital, Downpatrick - - -	366 ...	25 (6.8)
City and County Hospital, Londonderry - - -	1,137 ...	48 (4.2)
Ulster Hospital for Women and Children, Belfast -	766 ...	21 (2.7)
Lurgan and Portadown Hospital, Lurgan - - -	1,817 ...	36 (2.0)
Mid-Ulster Hospital, Magherafelt - - -	655 ...	44 (6.7)
Banbridge Hospital - - -	767 ...	37 (4.8)
Route Hospital, Ballymoney (from January, 1951)	188 ...	9 (4.8)
TOTAL - - -	22,850 ...	1,244 (5.4)

N.B. Figures in brackets represent ringworm patients as a percentage of all skin patients.

Some observations and investigations made during this study have already been published (Beare & Cheeseman, 1951a, 1951b). In the present survey, made at the request of Professor F. M. B. Allen, more complete detail is provided, and it is hoped that our efforts will satisfy this request and also prove of interest to hospital administrators, public health and school medical officers, and particularly general practitioners. If the report should prove of value to those confronted with similar problems to our own in their attempts to prevent future outbreaks, and lessen the severity of the endemic types of the disease, then our efforts will have been more than amply repaid.

CONSIDERATION OF TYPES OF RINGWORM.

The general term "ringworm" denotes a disease of the skin or its appendages caused by a vegetable parasite. It is a collective word used to include many clinical conditions caused by many types of fungus. The study of pathological conditions